Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

## Kansas Corporation Commission Oil & Gas Conservation Division

## WELL PLUGGING RECORD K.A.R. 82-3-117

Form CP-4 December 2003 Type or Print on this Form Form must be Signed All blanks must be Filled

Lease Operator: American Warrior Inc.					API Number: 15 - 185-23229-00-00			
Address: P.O. Box 399 Garden City Ks. 67846					Lease Name: Kirkman			
Phone: (620 ) 275 - 29	963 Operator	License #: 4	058	\ v	Vell Number: 1-6			
Type of Well:  (Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other)  The plugging proposal was approved on: 7/22/04  (Date)					Spot Location (QQQQ): C - Sw - SW - NE  2310' Feet from North / South Section Line 2350' 3150 W Feet from East / West Section Line			
by: Steve Durrant			(KCC <b>District</b> Ag	gent's Name)	Sec. 6 Twp. 22	s. R. 13	East West	
Is ACO-1 filed? Yes	No If not, is w	ell log attache	d? Yes	No	County: Stafford	terinal form the probability of the second s		
Producing Formation(s): List All (If needed attach another sheet)  Depth to Top: Bottom: T.D.  Depth to Top: Bottom: T.D.  Depth to Top: Bottom: T.D.					Date Well Completed:  Plugging Commenced: 7/23/04  Plugging Completed: 7/23/04			
Show depth and thickness of		formations.	Ca	seina Pecard (Surt	ace Conductor & Produc	tion)		
Oil, Gas or Wa	Content	From	To	Size	Put In	Pulled Out		
				85/8	309'	0		
				and the second s				
Describe in detail the mannehole. If cement or other plu  1st plug @ 900' w/50s  2nd plug @ 330'w	igs were used, state the sx Cemented throu	character of	same depth pla				introducing it into the	
3rd plug @ 40'w/10sx	. 15sx in ra	t hole 10	Osx in mouse	hole				
Name of Plugging Contractor: Duke Drilling Co. Inc.  Address: P.O. Box 823 Great Bend Ks. 67530  AUG 1 6 2004								
Name of Party Responsible for Plugging Fees: American Warrior Inc.  KCC WICHITA								
State of Kansas		Finney		_ , SS.		a michi	IA	
Jody Smith	County,			•			dall bains finat delle	
sworn on oath, says: That I same are true and correct,	so help me God.	facts stateme (Signature) (Address)_P	fed		Dec		-	
DEBRA J. PURC Notary Public - State of I ly Appt. Expires 1111	FSURSCRIBED and S		efore me this _		ugust ommission Expires:	11410	, 20 04	